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Treatment of Difficult and Involved Colles' Fractures

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SUMMARY

Of 105 cases of Colles' fracture, 86 were treated by closed reduction and plaster immobilization alone; 19 cases in which the fractures were more severe were treated by fixed skeletal traction using an external skeletal traction splint.

Despite the greater severity of the lesions, the end results, both anatomic and functional, were generally better in those cases in which skeletal traction was used than in those treated by closed reduction.

FRACTURES of the distal end of the radius which cause comminution and impaction of the fragment of the radius are the only true Colles' fractures.⁵ As cancellous bone must be present for this to occur, true Colles' fracture never occurs in persons under 20 years of age. In most cases in which persons in the second and third decades of life receive a fracture in a fall on an outstretched hand, the break is in the carpal scaphoid rather than in the radius at the wrist. Most Colles' fractures occur in persons over 40 years of age; the incidence is higher in persons over 50 years of age.

In a Colles' fracture there must be an element of impaction or compression of fragile cancellous bone. After the impaction is broken up and the fragments are pulled out into proper alignment, a dead space remains (Figure 1), caused by the compression of the elements of cancellous bone in that area. This

dead space must fill in with blood clot and new bone before healing of the fracture occurs. If the impaction is severe or comminution exists, it becomes exceedingly difficult to maintain length and alignment of the radius while the dead space is filling in with new bone. For this reason, in many cases Colles' fracture is complicated by loss of position following reduction, shortening of the radius, a radial shift of the carpus, and distortion in the normal relationship of the radius and ulna in the distal radio-ulnar joint. This fact accounts for the permanent residual deformity and disability so common after a severe Colles' fracture; the patients have limited mobility in the wrist joint, and almost all of them have pain at the distal radio-ulnar joint. Several reconstructive surgical procedures have been developed to overcome this disability. Campbell⁴ advised osteotomy of the radius with a bone graft inserted to restore length and proper alignment of the radius

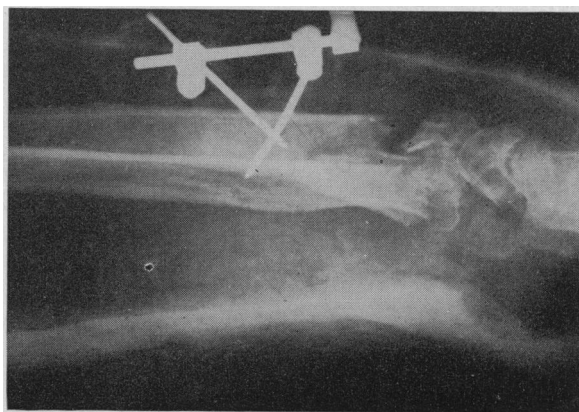


Figure 1.—Severe Colles' fracture in traction. Note area of dead space which must fill in with new bone to maintain length.

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EDITORIALS

No Bargain

"Any way you look at it, socialized medicine is no bargain and the carpenters want none of it." With those words Mr. William L. Hutcheson, general president of the United Brotherhood of Carpenters and Joiners of America, gave the assembled delegates of the American Medical Association the views of one large and important segment of American labor on the issue of compulsory health insurance. His remarks were made at the December meeting of the American Medical Association in Cleveland and were greeted with loud and prolonged applause by the audience of about five hundred.

To appreciate the magnitude of Mr. Hutcheson's remarks one must recognize his position in American labor circles. First, he is general president of one of the largest and oldest craft unions in the country. With a membership of more than 700,000, the Carpenters and Joiners occupy one of the top brackets in the labor movement. Next, consider that this union is the leader among all construction trades unions in establishing contracts for wages, working conditions and other employment factors; its regular contracts with employers expire earlier in the year than those of the other construction unions and its renewals regularly serve as a pattern for the entire industry.

As to Mr. Hutcheson himself, let it be remembered that he has consistently maintained a top place in union leader circles, both within and without the labor movement. He has often been called into White House conferences on labor matters, even at times when Messrs. Green, Lewis and Murray were

in public disfavor. Known as a sound labor leader with a keen appreciation of labor's responsibilities to the public, Mr. Hutcheson has earned for himself an enviable reputation as an able administrator, a sound analyst of public and economic conditions and a student of legislative and political trends. On top of that, he is noted as a rugged individualist who speaks his mind to any listener, regardless of rank or position. Small wonder that he has been elected to one of the top vice-presidencies of the American Federation of Labor.

Mr. Hutcheson started out his address to the A.M.A. with the flat statement: "I am against socialized medicine." He immediately followed with the fact that his union is likewise opposed to it and pointed to the fact that at the union's annual meeting a few months ago the delegates had voted down a resolution to support "the national health program."

From that start Mr. Hutcheson discussed such items as cost, distribution of medical service and regimentation under government control. Describing carpenters as an independent lot, he stated that "the first bureaucrat who told a carpenter that he had to work in Little Rock when he wanted to work in Lancaster would be gumming his food for lack of teeth."

With that and similar statements the head of the carpenters' union pointed to the community of interest of labor and medicine in opposing "concentration of authority in Washington" and expressed his pleasure in aligning his segment of the labor movement with medicine in this fight.